

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 831545  
 1. Corporation Name  
 MEAD TIMBER COMPANY

Principal Place of Business  
 C/O MEAD TAX DEPT.  
 COURTHOUSE PLAZA, NE  
 DAYTON, OH 45463

Mailing Address  
 C/O MEAD TAX DEPT.  
 COURTHOUSE PLAZA, NE  
 DAYTON, OH 45463

100001836381  
 -05/23/96--01017--019  
 \*\*\*225.00

3. Date Incorporated or Qualified 12/31/73  
 3a. Date of Last Report

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc. 22

2a. Mailing Address  
 26  
 Suite, Apt #, etc. 27

4. FEI Number 31-0841604  
 Applied For Not Applicable

23 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip 25 Country 29 Zip 30 Country

6. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	COB <input type="checkbox"/> DELETE
NAME	WILLIAM R. GRABER
STREET ADDRESS	COURTHOUSE PLAZA, NE
CITY-ST-ZIP	DAYTON, OH 45463
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	GREGORY T. GESWEIN
STREET ADDRESS	COURTHOUSE PLAZA, NE
CITY-ST-ZIP	DAYTON, OH 45463
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	GEORGE J. MALY, JR
STREET ADDRESS	COURTHOUSE PLAZA, NE
CITY-ST-ZIP	DAYTON, OH 45463
TITLE	ASST. SEC. & ASST. TREA <input type="checkbox"/> DELETE
NAME	JOSEPH I. HITTER
STREET ADDRESS	COURTHOUSE PLAZA, NE
CITY-ST-ZIP	DAYTON, OH 45463
TITLE	VP & TREASURER <input type="checkbox"/> DELETE
NAME	JAMES T. MATTHEWS
STREET ADDRESS	COURTHOUSE PLAZA, NE
CITY-ST-ZIP	DAYTON, OH 45463
TITLE	ASST. SECRETARY <input type="checkbox"/> DELETE
NAME	DAVID L. SANTEZ
STREET ADDRESS	COURTHOUSE PLAZA NE
CITY-ST-ZIP	DAYTON, OH 45463

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH I. HITTER 05/09/96 (513) 495-3434  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM NOT APPROVED FOR FILING

5-22-96